

Alternatives to Abortion Invoice

Contract #	<u>CS170042008</u>	Vendor Name:	<u>Mother's Refuge</u>
Vendor Number:	<u>43145462800/MB00094144</u>	Vendor Address:	<u>14400 E 42nd St S Ste #22</u> <u>Independence, MO 64055</u>

Bill To: Office of Administration
Commissioner's Office
201 W. Capitol Ave, Room 125
Jefferson City, MO 65101

Invoice Number: _____
Invoice Date: _____
Service Period: _____

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 62,997.08	\$ 37,198.83	\$ 12,599.42
Quarterly expenditure adjustment:		\$ 6,902.77
Total Due:		\$ 19,502.19
Allocation Remaining		\$ 6,296.06

Signature: _____

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